DIVISION OF
VENEREAL DISEASE CONTROL

COMMUNITY HEALTH SERVICES

ANNUAL REPORT 1982

PROVINCE OF BRITISH COLUMBIA

DIVISION OF

VENEREAL DISEASE CONTROL

E. W. Henry, Director

ANNUAL REPORT

For the Year

1982

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DIVISION OF VENEREAL DISEASE CONTROL
ANNUAL REPORT FOR THE YEAR 1982
E. W. HENRY, DIRECTOR

INTRODUCTION

Reporting of incidence cases of gonorrhea by physicians in practice in British Columbia remains a thorny topic, (as in other provinces and other countries where communicable disease statistics are recorded). Such reporting is a legal requirement, under the Venereal Disease Act (1979) in B.C., but estimates made by the Canadian Public Health Association suggest that Canada-wide, only about one third of cases seen in office practice are notified to the appropriate Medical Health Officer.

Notification is absolutely necessary for the tracing and treatment of contacts and this in turn is essential if the 'asymptomatic pool' of prevalence cases, now known to involve males as well as females, is to be reduced, much less eliminated. It seems likely that contact tracing and treatment will remain a Public Health responsibility since private physcians and clinics generally do not have the facilities or personnel to undertake this time consuming and difficult function.

It has been shown that the communications 'gap' between the physician's office and V.D. Control can be bridged by adequate and well maintained telephone contact and research effort should be directed toward confirming this locally (in B.C.) and looking at other means of improving the yield of notified cases.

The ultimate justification for investing money and human effort in this area is to control the serious late complications of venereal infection which fall most heavily on the female population in its reproductive years i.e. recurrent pelvic inflammatory disease; chronic pelvic pain and disability arising therefrom; involuntary infertility; ectopic pregnancy and infection in the newborn, acquired from the mother at or before birth.

Aside from the elements of human morbidity and mortality associated with the above, costs to the community run high and are estimated to be in the hundreds of millions of dollars in North America.

Gonorrhea remains the benchmark Sexually Transmitted Disease, against which the incidence or prevalence of other such diseases is measured. Although a small decline in rate of notification 1980 to 1981 has been noted in B.C. (see Division of V.D. Control, Annual Report 1981), the trend in Canada as a whole is level.

Some of the 'newer' STD's - they have often been around a long time, but have become more prominent in their public image due to changed sexual mores and habits and to an extent from better means of isolation and identification of their causal agents - have made the headlines, front pages and prime time T.V. programs in 1982.

The phenomenon of erroneous lay reporting of 'hundreds of cases' of human herpes virus infection, often in rural areas of B.C. and tending to be associated with swimming pools, hot tubs and water slides became commonplace to the staff of V.D. Control during the summer of '82.

A quick epidemiologic survey of the Okanagan Valley, especially regarding the possibility of cases of herpes related to use of the water slide, failed to reveal any evidence of unusual incidence or location of herpes-like skin lesions or illness.

The very high degree of concern expressed by individuals seemed disproportionate to either the incidence or lasting effects of this 'nuisance' STD. (It is hazardous only to those individuals with impaired immune defences). Long term associations e.g. between recurrent herpetic disease involving the female genital tract and possible increased incidence of cervical cancer are still being elucidated.

Another 'new' disease phenomenon recently making headlines is AIDS - the Acquired Immuno-Deficiency Syndrome. Initially described in male homosexuals in New York, Los Angeles and San Francisco and more recently recognized in apparently non-homosexual groups such as Haitian immigrants, I.V. drug users and their spouses and offspring, and individuals requiring multipleblood product infusions e.g. hemophilia A victims, this disease process or syndrome has been characterized by a high case mortality rate of greater than sixty per cent for cases diagnosed more than one year ago.

The causal agent has not yet been identified, but cases share a common feature in impairment of their immune response to infection with consequent susceptibility to multiple infections, often with organisms which are scarcely pathogenic or non-pathogenic to people in normal health. Rapid weight loss, persistent diarrhea, fatigue and enlargement of lymph nodes may be presenting features. The possible role of 'recreational' drugs in causation of this syndrome is not clear. More than 700 cases have so far been identified in the U.S. and about 24 in Canada. Malignancies of unusual type, especially a variant of Kaposi's sarcoma, also occur and are thought to be related to the underlying impairment of immunity.

Because of financial stringencies, felt at all levels of our society, certain projects designed to improve V.D. Control and treatment functions have had to be postponed in 1982.

These include computerization of Vancouver Clinic and Provincial control records to improve access and permit prolonged retention and rapid retrieval of information regarding STD's in the province. Also isolation facilities for some of the 'rarer' but important STD organisms such as Chlamydia would increase specificity of diagnosis and therefore treatment.

Since there has been a definite decrease in the number of cases of gonorrhea seen over the past two years (by approximately one third) and since it is difficult to prove that these subjects are being treated by private physicians or other clinics (there is evidence to support this, though not conclusive), a new 'fast lane' has been introduced into the booking system at the Clinic to permit drop-in and follow-up patients to be seen quickly. Hopefully this will improve attendance and patient compliance in treatment.

Important features of our operation such as the ongoing education of health personnel, especially community health nurses, from centres throughout the province and instruction of the public via phone-in to pre-recorded tapes or to clinic staff, plus the provision of brochures on STD's are being maintained strictly at 'status' quo level, with hope for expansion when fiscal restraint needs to be less intense.

A research project to evaluate the effectiveness of several treatment modalities for gonorrhea is being pursued in conjunction with the Infectious Diseases Division of the Faculty of Medicine, U.B.C. Over the years this type of study has led to publication of useful scientific papers based on Vancouver Clinic attendees.

VENEREAL DISEASE SINCE 1946 - Tables 1 and 2

Again this year there was a decline in the incidence rate for gonorrhea. The rate recorded was 309.8 per 100,000 population, almost 8 percent below the figure for 1981. A slight increase in the number of syphilis cases in 1982 brought the rate up to 9.5 from last year's 9.1 but the rates for 1981 and 1982 are the most favorable recorded. Much of this year's increase was a result of a sharp increase in the number of primary syphilis cases though the incidence in 1982 was close to that for several years prior to 1981. Other syphilis was down markedly.

The chart following Table 2 shows gonorrhea and infectious syphilis trends since 1946.

Table 1. NEW NOTIFICATIONS[1] OF VENEREAL INFECTION[2], AND RATES PER 100,000 POPULATION
British Columbia, 1946 - 1982

YEAR	GONORRHEA			SYPHILIS			OTHER VENEREAL DISEASE			TOTAL VENEREAL DISEASE		
	Number	Rate	Per cent	Number	Rate	Per cent	Number	Rate	Per cent	Number	Rate	Per cent
1946 - 1950[3]	3,921	364.5	75.2	1,233	114.6	23.7	58	5.4	1.1	5,212	484.5	100
1951 - 1955[3]	2,913	232.8	90.4	293	23.4	9.0	18	1.4	0.6	3,224	257.7	100
1956 - 1960[3]	3,516	231.7	93.3	247	16.3	6.6	5	(4)	0.1	3,768	248.3	100
1961 - 1965[3]	4,894	286.9	92.6	391	22.9	7.4	-	-	-	5,285	309.8	100
1966 - 1970[3]	5,030	251.3	95.1	258	12.9	4.9	2	(4)	..	5,290	264.2	100
1971	7,116	325.7	94.3	430	19.7	5.7	1	(4)	..	7,547	345.5	100
1972	7,921	353.4	95.5	376	16.8	4.5	1	(4)	..	8,298	370.2	100
1973	8,955	388.9	95.5	423	18.4	4.5	3	(4)	..	9,381	407.4	100
1974	9,284	390.8	95.7	415	17.5	4.3	3	(4)	..	9,702	408.4	100
1975	9,793	402.5	95.2	479	19.7	4.7	10	0.4	0.1	10,282	422.6	100
1976	9,728	394.4	96.8	321	13.0	3.2	1	(4)	..	10,050	407.4	100
1977	9,699	389.0	97.5	249	10.0	2.5	-	-	-	9,948	399.0	100
1978	9,004	355.9	97.0	276	10.9	3.0	-	-	-	9,280	366.8	100
1979	9,461	368.0	96.9	299	11.6	3.1	1	(4)	..	9,761	379.6	100
1980	10,144	384.2	97.0	314	11.9	3.0	1	(4)	..	10,459	396.2	100
1981	9,220	336.5	97.4	248	9.1	2.6	2	(4)	..	9,470	345.6	100
1982	8,623	309.8	97.0	265	9.5	3.0	3	(4)	..	8,891	319.4	100

1. Excludes transfers and transients, and so for all tables.
2. Excludes gonorrhea epidemiological, syphilis epidemiological, and non-gonococcal urethritis, and so for all tables.
3. Five year averages.
4. Rates based on 5 cases or less are not shown.
.. Less than 0.05 percent.

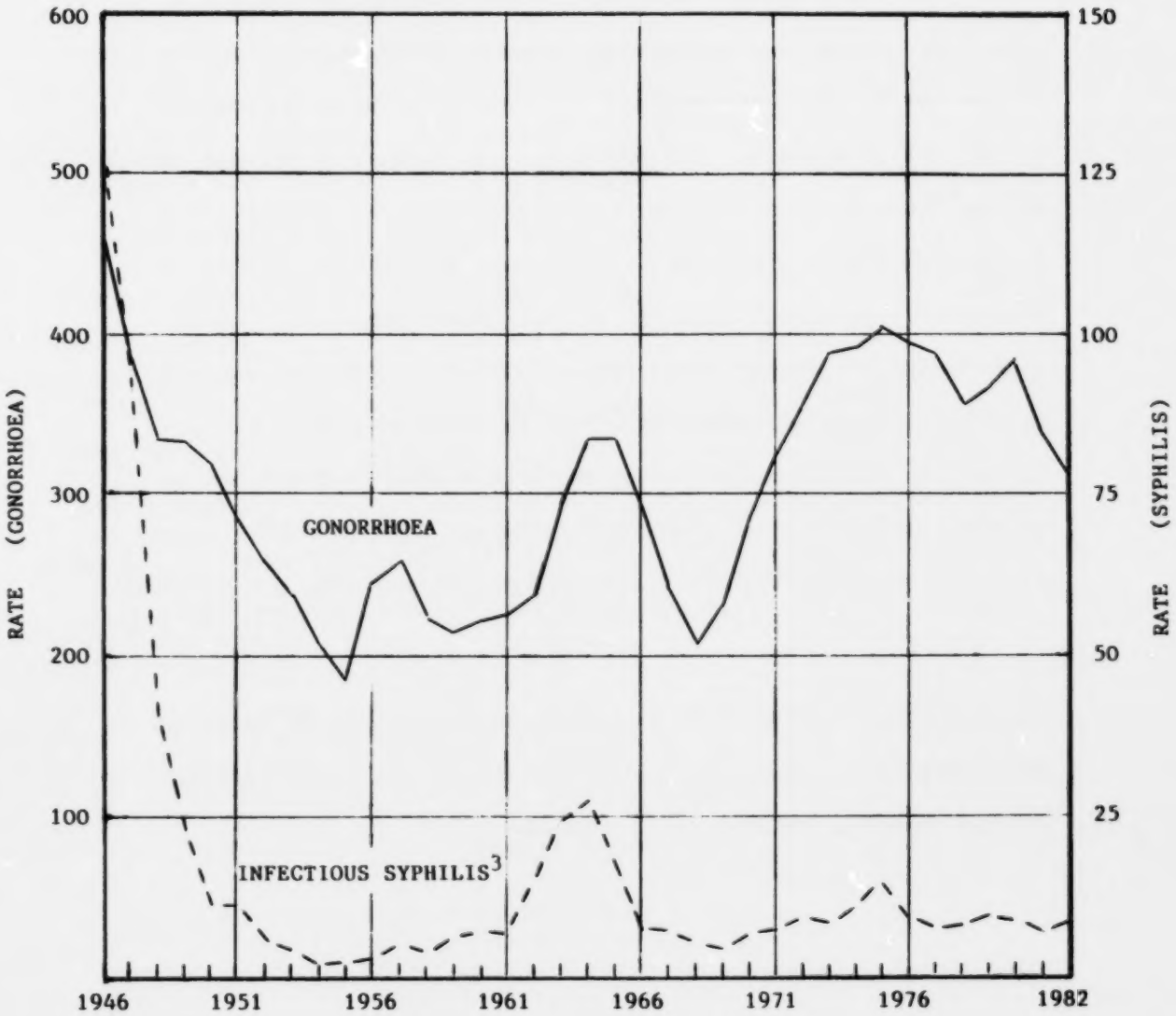
Table 2. NEW NOTIFICATIONS OF SYPHILIS AND RATES PER 100,000 POPULATION, British Columbia, 1946 - 1982

YEAR	PRIMARY			SECONDARY			EARLY LATENT			OTHER SYPHILIS		
	Number	Rate	Per cent[1]	Number	Rate	Per cent[1]	Number	Rate	Per cent[1]	Number	Rate	Per cent[1]
1946 - 1950[2] . .	268	24.9	21.7	102	9.5	8.3	250	23.2	20.3	613	57.0	49.7
1951 - 1955[2] . .	19	1.5	6.5	8	0.6	2.7	39	3.1	13.3	227	18.2	77.5
1956 - 1960[2] . .	28	1.8	11.3	10	0.7	4.1	42	2.8	17.0	167	11.0	67.6
1961 - 1965[2] . .	152	8.9	38.9	47	2.8	12.0	117	6.9	29.9	75	4.4	37.6
1966 - 1970[2] . .	45	2.2	17.4	22	1.1	8.5	62	3.1	24.0	129	6.4	50.0
1971	47	2.2	10.9	26	1.2	6.1	86	3.9	20.0	271	12.4	63.0
1972	53	2.4	14.1	45	2.0	12.0	107	4.8	28.4	171	7.6	45.5
1973	57	2.5	13.5	44	1.9	10.4	91	4.0	21.5	231	10.0	54.6
1974	86	3.6	20.7	60	2.5	14.5	122	5.1	29.4	147	6.2	35.4
1975	103	4.2	21.5	71	2.9	14.8	196	8.1	40.9	109	4.5	22.8
1976	50	2.0	15.6	56	2.3	17.5	125	5.1	38.9	90	3.6	28.0
1977	27	1.1	10.8	43	1.7	17.3	122	4.9	49.0	57	2.3	22.9
1978	60	2.4	21.7	61	2.4	22.1	84	3.3	30.4	71	2.8	25.7
1979	65	2.5	21.7	60	2.3	20.1	118	4.6	39.5	56	2.2	18.7
1980	59	2.2	18.8	79	3.0	25.1	96	3.6	30.6	80	3.0	25.5
1981	32	1.2	12.9	88	3.2	35.5	70	2.6	28.2	58	2.1	23.4
1982	66	2.4	24.9	87	3.1	32.8	81	2.9	30.6	31	1.1	11.7

1. Percentage of Total Syphilis.
2. Five year averages.

CHART

RATES PER 100,000 POPULATION OF NEW NOTIFICATIONS[1]
OF VENEREAL INFECTION[2], British Columbia, 1946-1982



1. Excludes Transfers and Transients.
2. Excludes Gonorrhoea Epidemiological, Syphilis Epidemiological, and Non-Gonococcal Urethritis.
3. Primary, Secondary and Early-Latent Syphilis.

NEW NOTIFICATIONS BY REPORTING AGENCY - Table 3

There was little change this year in the established pattern of reporting of new notifications of venereal infection. Almost half of new notifications of venereal infection continue to be reported by private physicians. An additional 27 percent were reported by the Main Vancouver Clinic and 14 percent by health units and public health field staff. The most substantial decline in gonorrhea reportings occurred in the Main Vancouver Clinic, there being 20 percent fewer cases recorded in 1982 as compared to 1981. Small reductions occurred for private physicians and for health units and public health field staff but there was an increase for downtown Vancouver clinics. For syphilis, there was a 15 percent increase in reportings for main Vancouver Clinics.

For a further analysis of the Main Vancouver Clinic and the Vancouver City Gaol (i.e. the 'Divisional Clinics') venereal disease picture, see Tables 10 and 11.

Table 3. NEW NOTIFICATIONS OF VENEREAL INFECTION, BY REPORTING AGENCY AND DIAGNOSIS, British Columbia, 1982

REPORTING AGENCY	TOTAL V.D.	GONORRHEA	SYPHILIS				
			TOTAL	Primary	Secondary	Early Latent	Other
Main Vancouver Clinic (Provincial Health Building)	2,075[1]	1,929	145	39	49	44	13
Vancouver Downtown Clinics[2]	654	647	7	3	-	3	1
Health Units & Public Health Field Staff[3]	1,369	1,363	6	1	1	3	1
Private Physicians in B.C.	4,451[4]	4,345	104	22	37	29	16
Medical Institutions[5]	289	286	3	1	-	2	-
Penal Institutions							
Municipal							
Vancouver City Gaol[6]	26	26	-	-	-	-	-
Provincial							
Oakalla Prison Farm, Burnaby (Male)	1	1	-	-	-	-	-
Federal							
B.C. Penitentiaries	-	-	-	-	-	-	-
Tri-Services (Canadian Armed Forces)	26	26	-	-	-	-	-
Other	-	-	-	-	-	-	-
Not Stated or Not Known	-	-	-	-	-	-	-
TOTAL - ALL AGENCIES	8,891[1,4]	8,623	265	66	87	81	31

1. Includes one new notification of chancroid.
2. Downtown Community Health Society and Pine Clinics.
3. Field Staff referred to are those for areas not allocated to health units.
4. Includes one new notification of ophthalmia neonatorum and one new notification of lymphogranuloma venereum.
5. Includes provincial mental and tuberculosis hospitals and infirmaries, general hospital out-patient departments and public wards.
6. Special clinic maintained directly by the Division of V.D. Control within the Gaol.

NEW NOTIFICATIONS BY AGE-GROUP AND SEX - Table 4

For the most part total venereal disease notifications for the various age - sex groups declined from 1981 to 1982, there being a 9 percent decrease in male notifications over the period. Total female notifications, however, were substantially unchanged.

Over two-thirds of the gonorrhea notifications were among those aged 20-34, with another 16 percent among those 15-19 years. For syphilis, 45 percent of the cases were 25-34 with 25 percent 35-44, and 16 percent 20-24.

For gonorrhea notifications, male incidence exceeds that for females at all ages after 19, the amount of excess increasing with age to the 45-54 group. For syphilis, male notifications exceed the number for females in each age-group.

Table 4. NEW NOTIFICATIONS OF VENEREAL INFECTION, BY AGE-GROUP, SEX AND DIAGNOSIS, British Columbia, 1982

AGE-GROUP		TOTAL GONORRHEA	SYPHILIS									OTHER VENEREAL DISEASE	TOTAL
			TOTAL SYPHILIS	Primary	Secondary	Early Latent	Late Latent	Cardiovascular	Neurosyphilis	OTHER (acquired)	Congenital		
Under 15 Years	T	30	-	-	-	-	-	-	-	-	-	1	31
	M	5	-	-	-	-	-	-	-	-	-	1	6
	F	25	-	-	-	-	-	-	-	-	-	-	25
15 - 19 Years	T	1368	4	1	2	1	-	-	-	-	-	-	1372
	M	486	3	1	2	-	-	-	-	-	-	-	489
	F	882	1	-	-	1	-	-	-	-	-	-	883
20 - 24 Years	T	2858	42	13	15	12	2	-	-	-	-	-	2900
	M	1670	37	12	12	11	2	-	-	-	-	-	1707
	F	1188	5	1	3	1	-	-	-	-	-	-	1193
25 - 34 Years	T	2967	119	30	38	44	7	-	-	-	-	1	3087
	M	2177	110	28	37	39	6	-	-	-	-	-	2287
	F	790	9	2	1	5	1	-	-	-	-	1	800
35 - 44 Years	T	816	65	14	22	18	10	-	-	-	1	1	882
	M	690	59	14	20	16	9	-	-	-	-	1	750
	F	126	6	-	2	2	1	-	-	-	1	-	132
45 - 54 Years	T	203	19	6	8	3	1	-	1	-	-	-	222
	M	182	18	5	8	3	1	-	1	-	-	-	200
	F	21	1	1	-	-	-	-	-	-	-	-	22
55 - 64 Years	T	51	3	-	-	1	2	-	-	-	-	-	54
	M	42	2	-	-	1	1	-	-	-	-	-	44
	F	9	1	-	-	-	1	-	-	-	-	-	10
Over 64 Years	T	8	12	2	1	2	6	-	1	-	-	-	20
	M	7	10	2	1	2	5	-	-	-	-	-	17
	F	1	2	-	-	-	1	-	1	-	-	-	3
Not Stated	T	322	1	-	1	-	-	-	-	-	-	-	323
	M	167	1	-	1	-	-	-	-	-	-	-	168
	F	155	-	-	-	-	-	-	-	-	-	-	155
TOTAL	T	8623	265	66	87	81	28	-	2	-	1	3	8891
	M	5426	240	62	81	72	24	-	1	-	-	2	5668
	F	3197	25	4	6	9	4	-	1	-	1	1	3223

VENEREAL DISEASE AMONG HOMOSEXUALS - Table 5

There was a slight decline this year in the proportion of gonorrhea which involved homosexuals, 12.7 percent compared to 13.5 in 1981.

For syphilis, no less than 67 percent occurred among homosexuals. Considering primary and secondary syphilis the proportion was even higher, 77 percent, while for early latent the proportion was 70 percent, and for other syphilis, 13 percent. These proportions were all markedly higher than in 1981.

Table 5. NEW NOTIFICATIONS OF VENEREAL INFECTION, SHOWING HOMOSEXUAL SEPARATELY, CLASSIFIED BY DIAGNOSIS, British Columbia, 1981 and 1982

CATEGORY	YEAR	TOTAL VENEREAL DISEASE	GONORRHEA	SYPHILIS			
				TOTAL	Primary and Secondary	Early Latent	Other
TOTAL . . .	1981	9,470[1]	9,220	248	120	70	58
	1982	8,891[2]	8,623	265	153	81	31
'Homosexual Only' . . .	1981	1,376	1,244	132	89	41	2
	1982	1,278	1,099	179	118	57	4
Percent Homosexual.	1981	14.5	13.5	53.2	74.2	58.6	3.4
	1982	14.4	12.7	67.5	77.1	70.4	12.9

1. Includes one new notification of chancroid and one new notification of ophthalmia neonatorum.
2. Includes one new notification each, of chancroid, lymphogranuloma venereum, and ophthalmia neonatorum.

VENEREAL DISEASE CONTACTS - Tables 6 and 7

Contacts to Infectious Syphilis (Table 6)

The ratio of total named contacts per syphilis notification in 1982 was only slightly higher than in 1981 for homosexuals but increased to 1.4 for heterosexuals. The percentage of named contacts treated was over 50 percent for homosexuals and 45 percent for heterosexuals.

Female Contacts to Gonorrhea by Health Jurisdiction (Table 7)

There was the same number of female contacts named per male new notification of gonorrhea province-wide in 1981, 0.5. (Third column of figures from the right). Low ratios were recorded in the Vancouver areas and in Boundary and Selkirk Health Units. A high ratio of 1.1 occurred in North Okanagan Health Unit with a somewhat lower ratio of 0.9 in both South Central and Northern Interior Health Units.

Again this year there was an increase in the proportion of femaled named contacts who were given treatment. The proportion was 42.0 compared to 40.7 a year ago and 34.3 the year previous to that. Four areas, North Okanagan, South Central, Coast Garibaldi, and Cariboo had proportions treated of 50 percent or more. Only about a quarter of female named contacts were treated in East Kootenay, Upper Fraser Valley, Boundary, and Capital Regional areas.

Table 6. ANALYSIS OF INFECTIOUS SYPHILIS CONTACTS[1], British Columbia, 1981 and 1982

NEW NOTIFICATIONS			NAMED CONTACTS			
CATEGORY	YEAR	NUMBER	TOTAL NUMBER NAMED	TOTAL PER NOTIFI-CATION	NUMBER TREATED	PERCENT OF TOTAL NAMED
Homosexual	1981	130	235	1.8	104	44.3
	1982	175	336	1.9	169	50.3
Heterosexual . . .	1981	60	59	1.0	27	45.8
	1982	59	84	1.4	38	45.2
TOTAL	1981	190	294	1.5	131	44.6
	1982	234	420	1.8	207	49.3

1. Contacts named by new cases of primary, secondary, and early latent syphilis, excluding 21 contacts in the Province who were named by patients investigated outside British Columbia in 1981 and 25 in 1982.

Table 7. FEMALE NAMED CONTACTS TO MALE NEW NOTIFICATIONS OF GONORRHEA, BY HEALTH JURISDICTION OF REPORTING AGENCY, SHOWING NUMBER OF CONTACTS PER NOTIFICATION AND PERCENTAGE OF CONTACTS TREATED, British Columbia, 1982

HEALTH JURISDICTION	MALE NEW NOTIFICATIONS REPORTED IN HEALTH JURISDICTION	FEMALE NAMED CONTACTS			
		NUMBER	NO. PER NEW NOTIFICATION	NUMBER TREATED	PERCENTAGE TREATED
Health Units & Nursing Dist. . .	2,106	1,512	0.7	637	42.1
East Kootenay	38	27	0.7	7	25.9
Selkirk	22	8	0.4	3	37.5
West Kootenay	15	8	0.5	3	37.5
North Okanagan	77	84	1.1	48	57.1
South Okanagan	163	122	0.7	39	32.0
South Central	191	165	0.9	98	59.4
Upper Fraser Valley	90	66	0.7	17	25.8
Central Fraser	102	59	0.6	27	45.8
Boundary	172	67	0.4	17	25.4
Simon Fraser	232	185	0.8	69	37.3
Coast-Garibaldi	61	45	0.7	24	53.3
Central Vancouver Island . . .	225	133	0.6	66	49.6
Upper Island	66	42	0.6	19	45.2
Cariboo	82	52	0.6	26	50.0
Skeena	194	135	0.7	60	44.4
Peace River	81	50	0.6	24	48.0
Northern Interior	280	246	0.9	77	31.3
Ocean Falls Nursing District .	15	18	1.2	13	72.2
Greater Vancouver Metropolitan Board of Health	2,860	1,124	0.4	516	45.9
Burnaby	113	39	0.3	13	33.3
North Shore	129	57	0.4	27	47.4
Richmond	59	20	0.3	8	40.0
Vancouver City (Incl. U.E.L.) .	2,559	1,008	0.4	468	46.4
Capital Regional District Community Health Services . .	460	284	0.6	73	25.7
Remainder of the Province[2] . . .		-	-	-	-
Not Stated, Not Known, or Not Allocated to a School Dist. . .	-	-	-	-	-
GRAND TOTAL	5,426	2,920	0.5	1,226	42.0

1. Excludes 85 female named contacts in the Province who were named by patients investigated outside British Columbia.

2. Includes communities and their vicinities in School District 87 unallocated to Health Units, such as Atlin, Babine and Telegraph Creek in the Northern Section of the Province.

3. Excludes 27 treated female named contacts in the Province who were named by patients investigated outside British Columbia.

NEW NOTIFICATIONS BY HEALTH JURISDICTION - Tables 8 and 9

Gonorrhea (Table 8)

While a number of health areas showed declines in the gonorrhea rate per 100,000 population from 1981 to 1982 in line with the decline in the total rate, a few areas recorded increases. The Capital Region showed a rate 29 percent higher and the Central Vancouver Island area a 25 percent rise.

The Vancouver City rate has declined substantially over the last few years, but it is still the highest in the province. The Northern Interior and Skeena Health unit rates are at a high level, though well below the Vancouver rate, and high rates were also recorded in the South Central and Simon Fraser areas.

Syphilis (Table 9)

Vancouver accounted for even more of the total syphilis reported in 1982, 83 percent, compared to 68 percent in 1981. The corresponding rate per 100,000 population was also somewhat higher at 52.2

Table 8. NEW NOTIFICATIONS OF GONORRHEA AND RATES PER 100,000 POPULATION, BY HEALTH JURISDICTION OF REPORTING AGENCY, British Columbia, 1981 and 1982

HEALTH JURISDICTION	NUMBER		RATE	
	1981	1982	1981	1982
Health Units & Nursing District	3,892	3,554	278.1	204.6
East Kootenay	43	52	59.8	71.4
Selkirk	56	37	187.6	123.2
West Kootenay	27	27	58.4	59.1
North Okanagan	181	161	208.3	177.5
South Okanagan	275	295	195.2	202.4
South Central	253	299	240.7	276.9
Upper Fraser Valley	194	173	173.1	149.4
Central Fraser	313	215	257.6	173.9
Boundary	430	346	183.3	143.2
Simon Fraser	395	383	278.0	267.6
Coast-Garibaldi	128	112	252.0	221.8
Central Vancouver Island	290	364	175.7	219.0
Upper Island	142	97	167.7	113.0
Cariboo	177	128	292.3	211.1
Skeena	259	263	334.2	320.2
Peace River	215	124	367.0	222.3
Northern Interior	486	456	434.6	395.0
Ocean Falls Nursing District	28	22	818.5	715.9
Greater Vancouver Metropolitan Board of Health Area	4,678	4,244	597.2	535.3
Burnaby	271	216	198.7	157.6
North Shore	240	262	173.1	189.3
Richmond	139	105	144.9	107.6
Vancouver City (Incl. U.E.L.)	4,028	3,661	976.7	872.0
Capital Regional District Community Health Services	640	824	255.1	328.1
Remainder of the Province[1]	10	-	330.9	-
Not Stated, Not Known, or Not Allocated to a School District	-	1	-	-
GRAND TOTAL	9,220	8,623	336.5	309.8

1. See Footnote 2 to Table 7.
2. Rate not calculated, as the required population bases not available.

Table 9. NEW NOTIFICATIONS OF SYPHILIS AND RATES PER 100,000 POPULATION, BY HEALTH JURISDICTION OF REPORTING AGENCY, British Columbia, 1981 and 1982

HEALTH JURISDICTION	TOTAL				PRIMARY and SECONDARY SYPHILIS		EARLY LATENT		OTHER	
	Number		Rate[1]							
	1981	1982	1981	1982	1981	1982	1981	1982	1981	1982
Health Units & Nursing Dist.	52	27	3.1	1.6	12	12	20	6	20	9
East Kootenay	1	–		–	1	–	–	–	–	–
Selkirk	1	–		–	–	–	1	–	–	–
West Kootenay	–	–	–	–	–	–	–	–	–	–
North Okanagan	9	3	10.1		–	2	3	–	6	1
South Okanagan	4	1			1	–	2	–	1	1
South Central	3	2			–	–	2	–	1	2
Upper Fraser Valley	7	5	6.2		1	1	3	1	3	3
Central Fraser	4	–		–	1	–	2	–	1	–
Boundary	10	6	4.3	2.5	5	3	3	2	2	1
Simon Fraser	2	2			1	1	1	–	–	1
Coast-Garibaldi	–	–	–	–	–	–	–	–	–	–
Central Vancouver Island	5	3			–	1	–	2	5	–
Upper Island	1	1			–	1	1	–	–	–
Cariboo	–	–	–	–	–	–	–	–	–	–
Skeena	1	3			–	2	1	1	–	–
Peace River	2	–		–	1	–	1	–	–	–
Northern Interior	2	1			1	1	–	–	1	–
Ocean Falls Nursing District	–	–	–	–	–	–	–	–	–	–
Greater Vancouver Metropolitan Board of Health Area	189	233	24.1	29.4	106	137	48	74	35	22
Burnaby	8	6	5.9	4.4	4	–	2	2	2	4
North Shore	10	5	7.2		8	3	2	–	–	2
Richmond	3	3			–	3	2	–	1	–
Vancouver City	168	219	40.7	52.2	94	131	42	72	32	16
Capital Regional District Community Health Services	7	5	2.8		2	4	2	1	3	–
Remainder of the Province[2]	–	–	–	–	–	–	–	–	–	–
Not Stated, Not Known or Not Allocated to a School District.	–	–	–	–	–	–	–	–	–	–
GRAND TOTAL	248	265	9.1	9.5	120	153	70	81	58	31

1. Rates based on five cases or less are not shown.
2. See Footnote 2 to Table 7.

DIVISIONAL CLINICS: Visits and Procedures - Table 10

In general from 1981 to 1982 there was a decrease of slightly more than 10 percent in the various visits and procedures enumerated in Table 10.

Table 10. PATIENT VISITS AND PROCEDURES AT DIVISIONAL CLINICS, British Columbia, 1982

VISITS and PROCEDURES	CLINIC			TOTAL
	VANCOUVER CLINIC (Provincial Health Building)		VANCOUVER CITY GAOL	
	MALE	FEMALE		
VISITS				
Male	15,548		52	15,600
Female		5,650	957	6,607
TOTAL	15,548	5,650	1,009	22,207
EXAMINATIONS				
Venipuncture	10,547	3,303	609	14,459
Consultation	15,548	5,650	1,009	22,207
Smear and Culture	16,580	4,214	484	21,278
DRUGS ADMINISTERED	6,486	2,635	355	9,476

DIVISIONAL CLINICS: Diagnosis - Table 11

There was a more than 100 percent increase in male primary syphilis notifications to the Vancouver area Divisional Clinics this year compared to 1981 but the number was slightly below the 1980 figure. Secondary syphilis was down slightly but early latent recorded an increase of almost two fifths, though the numbers involved are small.

Reporting of both male and female bacteriological gonorrhea was down by about 20 percent this year, as was male non-gonococcal urethritis.

Table 11. NEW NOTIFICATIONS OF VENEREAL INFECTION DIAGNOSED AT THE DIVISIONAL CLINICS[1], VANCOUVER AREA, British Columbia, 1981 and 1982

INFECTION	1981			1982		
	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
SYPHILIS						
Primary	17	1	18	37	2	39
Secondary	56	2	58	46	3	49
Early Latent	29	3	32	37	7	44
Other	10	8	18	11	2	13
TOTAL SYPHILIS	112	14	126	131	14	145
GONORRHEA						
Bacteriological	1,945	537	2,482	1,517	438	1,955
Epidemiological[2]	-	-	-	-	-	-
Male Non-Gonococcal Urethritis	3,702	-	3,702	3,003	-	3,003
Female Contacts to Non-Gonococcal Urethritis[3]	-	-	-	-	527	527
TOTAL	5,759	551	6,310	4,651	979	5,630

1. The main Vancouver Clinic and the Vancouver City Gaol Clinics.
2. Females named by gonorrhea patients, but without confirmatory laboratory tests.
3. Not shown prior to 1982.

LABORATORY EXAMINATIONS - Table 12

During 1982 increases were registered over 1981 for herpes examinations (18%) and for Canadian Red Cross syphilis A.R.T. examinations (8%). For the most part, other laboratory activity declined from 1981 to 1982, as much as 20 percent for microscopic examination of smears for gonorrhea. Spinal fluid examinations for syphilis were down by 15 percent and MHA-TP tests for syphilis by 13 percent.

Table 12. LABORATORY EXAMINATIONS RELATING TO THE DIAGNOSIS OR TREATMENT OF VENEREAL INFECTION, British Columbia, 1981 and 1982

LABORATORY	YEAR	
	1981	1982
PROVINCIAL LABORATORIES (including Victoria and Nelson Branch Laboratories)		
GONORRHEA:		
Microscopic examination of smears	58,239	46,301
Examination of swab cultures	75,824	69,577
HERPES:		
Examination of swab cultures (Simplex Positive Cultures)	946	1,115
SYPHILIS:		
Blood Specimens examined by Automated Reagin Test (ART)	182,130[1]	165,150
Blood Specimens examined by Microhemagglutination Assay for treponema pallidum (MHA-TP) test	5,696	4,980
Spinal fluid specimens examination	2,053	1,753
Blood specimens examined by fluorescent treponemal antibody absorption test	3,187	2,855
Direct fluorescent antibody treponema pallidum test	245	185
'Darkfield' microscopic examinations	120	80
Blood specimens examined by treponema pallidum Immobilization test	6	2
CANADIAN RED CROSS TRANSFUSION SERVICE LABORATORY		
SYPHILIS:		
Blood specimens examined by standard serological test (Automated Reagin Test (ART) only)	130,182	140,379
PROVINCIAL MENTAL HEALTH SERVICES LABORATORY		
GONORRHEA:		
Microscopic examination of smears	16	30

1. Includes ART blood specimen examinations for the Provincial Mental Health Services Laboratory.